



ARKANSAS MINORITY HEALTH COMMISSION

**SICKLE CELL OUTREACH INITIATIVE GRANT
APPLICATION**



DATE ISSUED: MARCH 1, 2012
DEADLINE TO SUBMIT: APRIL 16, 2012

AMHC FY013-RFA

APPLICATION CHECKLIST

- Letter of Intent** (Due April 2, 2012)
- Application**
 - Problem Statement**
 - Proposal Description**
 - Program Goals & Objectives**
 - Planned Services & Activities**
 - Evaluation**
 - Budget Spreadsheet** (attached Excel document)
 - Certification** (signed in **BLUE** ink)
- Current Certification** from the state of Arkansas, Office of Secretary of State (non-profits only)
- Letter from the US Department of the Treasury, Internal Revenue Service** classifying the applicant administrative organization as a private, non-profit corporation (non-profits only)
- Email** one scanned electronic copy (with signature) to Marisha Collins at Marisha.collins@arkansas.gov
- Mail** the original paper copy with signatures in blue ink to:
 - Sickle Cell Project Manager
 - Sickle Cell Outreach Initiative Grant
 - Arkansas Minority Health Commission
 - 523 Louisiana, Suite 425
 - Little Rock, Arkansas 72201

SUBMISSION REQUIREMENTS

Applicants are required to submit **TWO** copies of their application and budget spreadsheet.

- a) **Email** one scanned electronic copy (with signature) to Marisha Collins at Marisha.collins@arkansas.gov
- b) **Mail** the original paper copy with signatures in blue ink to:

Sickle Cell Project Manager
Sickle Cell Outreach Initiative Grant
Arkansas Minority Health Commission
523 Louisiana, Suite 425
Little Rock, AR 72201

Non-profit organizations must also submit a **Current Certification** from the state of Arkansas, Office of Secretary of State and a **letter from the US Department of the Treasury, Internal Revenue Service** classifying the applicant administrative organization as a private, non-profit corporation.

The electronic copy will not substitute for the original copy signed in blue ink. Both electronic and paper copy must be received by **April 16, 2012 by 12 Noon.**

Late applications and incomplete applications will not be accepted.

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A. LETTER OF INTENT

- Please complete and return this non-binding form by **Monday, April 2, 2012**, if you intend to apply for funding from the AMHC Sickle Cell Outreach Initiative Grant Program. Early receipt of your Letter of Intent will help us plan for review. Submission of this Letter does not obligate your organization to submit a proposal. **However, the Letter of Intent is MANDATORY and is NOT OPTIONAL if you plan to submit an application for funding. If no letter of intent is properly submitted and received by April 2, 2012, subsequent applications will be disqualified.**

After you have signed this document, please print, scan, and email it to Marisha Collins at Marisha.collins@arkansas.gov or fax it to AMHC at 501-686-2722.

Name of Applicant Organization:		
Street Address:		
City:	State:	Zip:
County:		
Contact Name:	Title:	
E-mail Address:		
Office Phone:	Mobile:	
Signature:	Date:	

Is your organization a (check all that apply):

- Non-profit (non-governmental)?
- Public (government) agency?
- Church with tax-exempt status?
- Research institute or agency?

Is your outreach initiative a:

- New initiative?
- Built on existing programs?

Who is the target population for your initiative? _____

What county or counties will your program include? _____

Which amount is the most appropriate for your Outreach Initiative? Circle the category for which you intend to apply.

\$5,000 \$10,000 \$15,000 \$20,000 \$25,000

Additional Comments:

B. COVER PAGE

Organization Name		Organization Type	State Vendor #, if any	
		Public or Private NPO		
Organization <i>Mailing</i> Address	City and Zip Code	Agency Tax ID #	Agency EIN #	
<i>Physical</i> Address (if different)	Agency Phone #	Agency Fax #	Agency Head Email	
County		State Representative	State Senator	
Agency Head	Head Title	Agency Head Work #	Agency Head Cell #	
Program Coordinator	Title	Alternate Contact Name	Alternate Title	
Coordinator Phone #	Coordinator Email	Project Period		
		From: July 1, 2012	To:	June 30, 2013
Abstract (abbreviated summary) of Outreach Initiative			Type of Program	<input type="checkbox"/> Community Education & Awareness <input type="checkbox"/> Support for Affected Families <input type="checkbox"/> Healthcare Provider Education & Collaboration

Highest Ranking Agency Representative:

Name

Signature

Date

Program Coordinator Name

Signature

Date

C. PROBLEM STATEMENT

State the sickle cell trait and/or disease issue that the proposal plans to address (Awareness/Education/Screenings, Development of Support Groups and/or Healthcare Provider Education & Collaboration); then provide the problem statement(s) related to your program goals. *(Please limit your response to one page.)*

Problem Statement:

D. PROPOSAL DESCRIPTION

Provide a detailed summary of how the agency will use the grant funds to implement projects that pertain to awareness/education/screenings, development of support groups and/or increased healthcare provider education and collaboration towards a goal of preventing the increase of sickle cell trait and disease in Arkansas. *(Please limit your response to eight pages.)*

1. What are you planning to do?

2. How is your organization uniquely qualified to initiate a sickle cell trait and disease program?

3. How is your organization uniquely qualified to reach the minority populations in the state of Arkansas?

4. Why is this initiative needed at this time? Why do you think that your program can meet these needs?

5. Are there other groups working to increase awareness of sickle cell and support affected families? If so, how is this initiative different? Also, please tell us if you foresee any opportunities for collaboration with other organizations.

6. How did you determine the design of your program? Have you used models from any existing programs? Did they involve the community they are projecting to serve? Is it culturally competent?

7. Why do you believe the methods that you have chosen will be most effective? What is new or innovative about your strategy?

8. What challenges do you anticipate? How will you prepare to overcome challenges?

E. PROGRAM GOALS & OBJECTIVES

Clearly state the overall goals and specific objectives of the proposed outreach initiative using the format below, including the specific activities and methods that will be used to meet each objective. Please feel free to adjust the numbers or goals, objectives, or methods to fit your program. *(Please limit your response to two pages.)*

- I. Primary Goal
 - a. Objective 1
 - i. Method 1
 - ii. Method 2
 - b. Objective 2
 - i. Method 1
 - ii. Method 2
 - II. Secondary Goal
 - a. Objective 1
 - i. Method 1
 - ii. Method 2
 - b. Objective 2
 - i. Method 1
 - ii. Method 2
 - c. Objective 3
 - III. Tertiary Goal, etc.
-

G. EVALUATION

Answer the following questions to describe the methods that will be used to monitor this initiative, and explain how you will measure the success of this program. These should be tied directly to the goals and objectives listed above. *(Please limit your response to three pages.)*

1. **Describe how you will determine baseline data to initiate proposal activities and evaluate progress of those activities** (*definition:* Baseline data is basic information gathered before a program begins. It is used later to provide a comparison for assessing program impact).

2. **What evidence will you use to determine if you have met the goals and objectives listed above? Describe how goals will be measured and what measurement indicators will be considered successful, marginal, etc.**

3. **Describe the sustainability of this program beyond the life of the outreach initiative grant and the long-term impact on the priority population.**

I. CERTIFICATION

The following form must be signed in **BLUE** ink to complete the application.

An official who is a duly authorized representative of the Applicant must certify by his/her signature (in blue) that the organization will comply with the provisions of the applicable laws, regulations, directives and policies related to the project. By signing in the designated area below, the applicant agrees to abide by the stipulations contained in this application (reporting & documentation requirements), if an award is granted. Further, by virtue of these signatures, the applicant assures that this application was presented to and received approval by the applicant organization governing board and that, to the best of his/her knowledge, the statements contained herein are true and correct.

Legal Organization Name	Highest Authorized Representative and Title		
Telephone #	Alternate #	Fax #	Email Address
Signature (Agency Head)	Title	Printed Name	
Signature (Alternate)	Title	Printed Name	
Signature (Program Coordinator)	Title	Printed Name	
Signature (Alternate for Program Coordinator)	Title	Printed Name	

Compliance Checks Procedure:

I further attest that **we will allow** the Arkansas Minority Health Commission, the Arkansas Division of Legislative Audit or their agents to conduct compliance checks on-site and/or by submission of requested documentations within 2 days of request.

I further attest that I understand fully that I must maintain all original receipts, time sheets, and proper documentation for expenditures related to any and all grant funds expended. I furthermore attest that I understand that I must maintain accounting practices that make this information readily and clearly available for the AMHC, Arkansas Division of Legislative Audit and/or their agent to review and audit upon request.

Signature of Agency Head	Signature of Program Coordinator
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